



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

Attachment 3

Page 1 of 5

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input type="checkbox"/> COMPUTER	<input type="checkbox"/> DETECTOR
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTERS
<input type="checkbox"/> HEATERS SAMPLE CHAMBER _____ °C	<input type="checkbox"/> QUARTZ STANDARD
<input type="checkbox"/> FLOW DETECTOR	<input type="checkbox"/> CALIBRATION
<input type="checkbox"/> PUMP HIGH SPEED	<input type="checkbox"/> PRINTER
<input type="checkbox"/> INDICATOR LIGHTS	
<input type="checkbox"/> TIME AND DATE	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C)	
<input type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1	TEST 2	TEST 3
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<input type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)					
<input type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)					
REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(Over .19)

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

INSPECTING OFFICER

SIGNATURE	PRINT NAME
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER

B3Z01162



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
BAC VERIFIER MAINTENANCE REPORT

Attachment 3
Page 2 of 5

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

BAC VERIFIER SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☐ COMPUTER

☐ DETECTOR

☐ PROGRAM

☐ FILTERS

☐ HEATERS SAMPLE CHAMBER

☐ ACETONE SWITCH

☐ SET _____ °C

☐ QUARTZ STANDARD

☐ ACTUAL _____ °C

☐ CALIBRATION

☐ PUMP HIGH SPEED

☐ PRINTER

☐ INDICATOR LIGHTS

☐ TIME AND DATE

☐ SIMULATOR TEMPERATURE (34 °C ± 0.2 °C)

☐ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	TEST 2	TEST 3
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☐ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(Over .19)
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

INSPECTING OFFICER

SIGNATURE	PRINT NAME
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

Attachment 3
Page 3 of 5

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- ☐ DVM TEST: (.350 ± .150) _____
- ☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) _____
- ☐ CHARACTER DISPLAY TEST _____
- ☐ PRINT TEST (PRINTOUT ATTACHED) _____
- ☐ TIME AND DATE _____
- ☐ CALIBRATION CHECK —
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
- ☐ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- ☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
- (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	TEST 2	TEST 3
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- ☐ SIMULATOR TEMPERATURE (34° ± .2°C) _____
- ☐ PERFORM RFI TEST (PRINTOUT ATTACHED) _____
- ☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	Over .19
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER

B3Z01162

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV/RBT IV MAINTENANCE REPORT

Attachment 3
Page 4 of 5

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

ALCO SENSOR IV SN	RBT IV SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instruments.

☐ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)☐ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)☐ PRINTER WORKING PROPERLY☐ TIME AND DATE DISPLAYING PROPERLY☐ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	TEST 2	TEST 3
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☐ SIMULATOR TEMPERATURE (34° ± .2°C)☐ RFI DETECTOR OPERATING☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS:
(DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(Over .19)
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

INSPECTING OFFICER	
SIGNATURE	PRINT NAME
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 1400 MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 1400 SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- ☐ DVM TEST: CHANNEL 1 (100 ± 10) _____
CHANNEL 2 (200 ± 20) _____
CHANNEL 3 (300 ± 30) _____
- ☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) _____
- ☐ CHARACTER DISPLAY TEST _____
- ☐ PRINT TEST (PRINTOUT ATTACHED) _____
- ☐ TIME AND DATE _____
- ☐ CALIBRATION CHECK —
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
- ☐ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- ☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
- (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1	TEST 2	TEST 3
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- ☐ SIMULATOR TEMPERATURE ($34^\circ \pm .2^\circ\text{C}$) _____
- ☐ RFI DETECTOR OPERATING (PRINTOUT ATTACHED) _____
- ☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	Over .19
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER